



## Employer Support for HOPA Board of Directors Election

<Date>

Dear Nominations Committee,

By signing this form I declare my full support for <Candidate's Name> nomination for the position of <Position sought> on the Hematology/Oncology Pharmacy Association Board of Directors. I have reviewed the roles and responsibilities of the position with <Candidate's Name> and recognize the core activities <he/she> will be expected to participate in throughout the year, if elected, as well as the estimated time commitment for such service. I also understand that other responsibilities may arise from time to time, which may involve out of state travel, conference attendance, planning meetings, and advocacy activities.

I understand that HOPA has a travel policy which covers airfare, hotel, parking, ground transportation and meals. Any expenses not covered by the travel policy will be the responsibility of the candidate.

Furthermore, I understand that, if elected, the candidate will be making a three year commitment, in accordance with the Board of Directors terms for election.

Sincerely,

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Signature

<Name>

<Title>

<Organization>

<Phone Number>

<Email>